

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



June 8, 1993

ALL-COUNTY LETTER NO. 93-38

TO: ALL COUNTY WELFARE DIRECTORS
 ALL COUNTY PROBATION OFFICERS
 ALL LOCAL AND COUNTY MENTAL HEALTH
 DIRECTORS
 ALL GROUP HOME PROVIDERS
 ALL CCL REGIONAL OFFICES
 ALL CCL DISTRICT OFFICES

REASON FOR THIS TRANSMITTAL

- ☒ State Law Change
☐ Federal Law or Regulation
 Change
☐ Court Order or Settlement
 Agreement
☐ Clarification Requested by
 One or More Counties
☐ Initiated by CDSS

SUBJECT: STANDARDIZED GROUP HOME PROGRAM STATEMENT

The purpose of this letter is 1) to provide you a copy of the standardized Group Home Program Statement (LIC 9106) and describe how and when it will be used; 2) to request the voluntary participation of county social services and probation departments in a pilot which will test the use of the LIC 9106 as a program review tool; and 3) to provide you a copy of an informational handout (which will be available at a later date as PUB 223), "So, You Want to Open a Group Home for Children? Here is Some Information You Need to Know," for persons expressing interest in providing group care to children.

BACKGROUND

Senate Bill (SB) 370 (Chapter 1294, Statutes of 1989) added Section 11467(a) to the Welfare and Institutions Code (WIC). It required the Department, in consultation with the counties and foster care providers, to develop a standard format for group home program statements which would be used for rate setting, community care licensing, and county placement purposes. A work group which included representatives from both State and county social services, probation departments and foster care providers met during 1991-1992 to develop and draft a standardized Group Home Program Statement.

Subsequently, SB 307 (Chapter 714, Statutes of 1992) amended WIC Section 11467(a) and (b) and mandated that the program statement identify the level of structure, supervision and services provided by the facility. It also directed the Department to develop and implement standard program statements for group homes, foster family agencies, and small family homes (in the order listed).

The original work group which met during 1991-92 to develop the Group Home Program Statement was incorporated into the Level of Care Assessment (LCA) project work group. The LCA work group is comprised of representatives from the State Departments of Mental Health, Health Services, Alcohol and Drug Programs, Developmental Services, the California Youth Authority, County Welfare Directors

Association, Chief Probation Officers Association of California, California Conference of Local Mental Health Directors, California Mental Health Advocates for Children and Youth, California Association of Services for Children, California Association of Children's Homes and the California State Foster Parents Association.

The LCA project workgroup is developing a process and instrument to assess a child's structure, supervision and service needs that can be used to match those needs to program statements. The long range goal of the LCA project is to ensure that all dependents and wards who need out-of-home care are appropriately placed by matching assessed needs to the full range of placement resources.

The initial draft of the Group Home Program Statement was revised in consultation with the LCA work group to identify the structure, supervision and services provided by the group home program. In addition to LCA work group members, it was reviewed by the organizations they represent, social services and probation placement workers, providers and Community Care Licensing (CCL) field staff.

LIC 9106; NEW PROCEDURES

The Group Home Program Statement packet, LIC 9106, transmitted with this All County Letter (ACL) is divided into three parts.

- o Part I identifies the group home program and specifies why the program statement is being submitted, e.g., initial license, initial rate request, existing provider with a new program or program change.
- o Part II identifies the type of children the program accepts and the types and levels of structure, supervision and services provided.
- o Part III directs the provider to provide specific program information (essentially, it is a different way of organizing and presenting information required in the current licensing plan of operation and rate setting program statement).

Additionally, there is a separate Table of Contents page which is designed to be used when applicants and existing providers organize and submit the initial program statement and subsequent revisions. (When there are revisions to the LIC 9106, only the material that is changed, and a revised Table Of Contents are submitted. See LIC 9106 General Instructions.)

Group home license applicants and existing providers will no longer complete a plan of operation for CCL and a separate program statement for the Foster Care Rates Bureau (FCRB). They will complete one LIC 9106 which will be used for licensing, rate setting, and ultimately, county placement purposes. The LIC 9106

is completed for a group home program, for which an Aid to Families with Dependent Children-Foster Care (AFDC-FC) rate is established. A group home program may be provided in one or more licensed facilities but each facility must be licensed separately.

Please read the LIC 9106 General Instructions carefully. They describe some new procedures which are being tested during the pilot period. These procedures are designed to encourage placing agency and applicant/provider communications regarding the types of children being placed in out-of-home care and their needs for structure, supervision and services and to ensure that all parties, i.e., licensing, rate setting and county placing agencies are working with the same information.

The first new procedure is that the county placing agency signs the LIC 9106 after reviewing it. This does not mean that the placing agency will support the program and write the letter of support required by Manual of Policies and Procedures (MPP) Section 11-406.12 for establishing an AFDC-FC rate; neither is it a requirement for licensure at this point. It merely alerts the CCL District Office and the FCRB that the placing agency has reviewed the program.

The second procedure concerns the county support letter required by MPP Section 11-406.12. When county placing agencies prepare a letter of support, they give it directly to the provider instead of sending it to the FCRB. The provider then submits the county support letter, with two copies of the LIC 9106, to the CCL District Office. The CCL District Office processes the license application following existing procedures. When the LIC 9106 is approved, the CCL District Office will send the second copy of the LIC 9106 and the county support letter to the FCRB. The FCRB staff follow existing procedures to establish the RCL.

PHASE-IN IMPLEMENTATION OF LIC 9106

The LIC 9106 will be phased-in; CCL District Offices will begin distributing the LIC 9106 August 1, 1993. Group home license applicants who attend licensing orientation sessions after August 1, 1993 must complete the LIC 9106 to meet the plan of operation requirement as part of the application process. For rate setting purposes, beginning in FY 93/94, the LIC 9106 will meet the program statement requirement (MPP 11-402.411(a)).

Existing group home providers that do not make changes to their plan of operation or submit a request for a rate change (either up or down) will not be required to submit an LIC 9106 at this time.

The responsibilities of applicants, providers, CCL, FCRB and county placing agencies during phase-in of the LIC 9106 are described below. You will note an emphasis on communication, coordination and cooperation between applicants/providers, CCL, FCRB, and county placing agencies.

CCL Responsibilities:

- o Encourage potential group home applicants to make contact with placing agencies prior to licensure;
- o Include the LIC 9106 in the licensing application packet that is handed out at orientation.
- o Send a copy of the initial LIC 9106 when approved, and the county support letter, to the FCRB.
- o Send a copy of LIC 9106 revisions and any accompanying letters of support to the FCRB.
- o Communicate with the FCRB as needed.

The CCL District Office will continue to process applications according to existing procedures. The District Office will not be involved in the rate setting process. The county support letter is not a requirement for licensure.

Group Home Applicant Responsibilities:

- o Contact placing agencies to discuss program needs prior to being licensed.
- o Complete the LIC 9106; submit two copies to the CCL District Office as part of the license application packet.
- o Submit the county support letter with the LIC 9106. This alerts licensing that the program is needed by the placing agency. (A county support letter is not required if an applicant/provider will not serve AFDC-FC eligible children.)

Group home applicants will continue to send their Group Home Program Rate Application (SR 1) and other necessary documents directly to the FCRB and to communicate directly with the FCRB on all rate matters (the CCL District Office will not act as a go-between).

Existing Provider Responsibilities:

- o Contact placing agencies to determine needs prior to initiating changes in the type of children accepted and the levels of structure, supervision and services provided.
- o Submit two copies of any proposed changes to the LIC 9106 to the CCL District Office (when a new license is required, when a new or revised program statement is required for AFDC-FC rate setting purposes, etc.).

- o Submit the county support letter, if required for a new program or program change, with revisions to the LIC 9106 to the CCL District Office.

Existing providers will continue to send their Group Home Program Rate Applications directly to the FCRB and to communicate directly with the FCRB on rate matters.

FCRB Responsibilities:

- o Receives the LIC 9106 and county support letter from the CCL District Office.
- o Communicate with the CCL District Office as needed.
- o Communicate with group home applicant/provider directly as needed.

The FCRB will continue to participate in the CCL Orientation and provide information about the rate setting requirements, including the county support letter. The FCRB will establish RCLs in accordance with existing procedures.

Placing Agency Responsibilities:

- o Provide potential group home applicants general information about the need for new group homes in the county, including the types and levels of structure, supervision and services required by the children needing out-of-home placement.
- o Provide interested parties the informational handout "So, You Want to Open a Group Home for Children? Here is Some Information You Need to Know" and the LIC 9106.
- o Assess new programs and subsequent changes.
- o Review and sign Group Home Program Statements.
- o Write letters of support and give them directly to the provider.

Placing agencies will continue to refer potential applicants to the CCL District Office for information and provide other such information as required by MPP 11-406.1.

The LIC 9106 will be available from the Warehouse approximately July 15, 1993. County social service and probation departments are encouraged to provide forms to potential group home applicants or refer them to the CCL District Office. Providers and potential new providers may also obtain copies of the form from their local licensing District Office or the California Department of Social Services Warehouse, P.O. Box 22429, Sacramento, CA 95822.

VOLUNTARY PILOT OF LIC 9106 AS A PROGRAM REVIEW TOOL

The LIC 9106, which standardizes and consolidates information about a group home program, including the characteristics and behaviors of children served and the levels of structure, supervision and services to be provided, can provide valuable information to county placing agencies. Therefore, the Department is proposing to test the feasibility of using the LIC 9106 as a program review tool.

The Department requests all county social services and probation departments to pilot, on a voluntary basis, the LIC 9106 as a program review tool. The pilot period will be August 1, 1993 through January 31, 1994. The results of the pilot will be evaluated and considered prior to the statewide implementation of the LIC 9106 (when all existing group home providers will be required to submit an initial LIC 9106). It is at this point that all parties have the opportunity to provide input for revisions to the LIC 9106. CCL will continue to use the LIC 9106 while the results of the pilot are evaluated and revisions are made to the form.

We have identified the following situations where the LIC 9106 can function as a program review tool for placing agencies. The LIC 9106 can be utilized for other program review needs as determined by the placing agency.

Situation #1: A potential applicant approaches the placing agency regarding opening a new group home (a group home license application has not been filed yet). The placing agency provides the LIC 9106 to the potential applicant and requests that it be completed (all or part). The LIC 9106 then becomes the vehicle to discuss and come to agreement on the type of program the placing agency needs and what the potential applicant can provide.

Situation #2: A group home license applicant (license has not been issued yet) or newly licensed group home requests a letter of support from the county. The placing agency requests the applicant/licensee to provide an LIC 9106 (all or part). The placing agency uses the LIC 9106, along with existing procedures, to determine if the program is needed and to write the support letter required by MPP 11-406.12.

Situation #3: An existing provider plans to develop a new program or initiate a program change, or the placing agency wishes to request a provider to make changes to accommodate an unmet placement need. The placing agency requests the provider complete the LIC 9106. The placing agency uses the LIC 9106, with existing procedures and policy, to determine if the program meets the needs and to prepare county support letter.

Each placing agency should adapt existing procedures or policies to pilot use of the LIC 9106. The Department, with the help of the LCA work group, will survey placing agencies to determine how the LIC 9106 works as a program review tool. These findings and results will be incorporated into the statewide implementation plan and allow for existing differences in placing agencies.

INFORMATIONAL HANDOUT FOR POTENTIAL GROUP HOME APPLICANTS

Also attached to this ACL is an informational handout entitled "So, You Want to Open a Group Home for Children? Here is Some Information You Need to Know." This is intended as information for persons expressing an interest in opening a group home. It explains the general requirements for operating a group home and how licensing, rate setting and county placement are interrelated. It can be handed out by CCL, FCRB or county placing agencies.

This handout will be printed as a brochure (PUB 223) and be available from the warehouse in approximately six months. Until then, county social services and probation departments are encouraged to make copies of the attached camera-ready form available to persons expressing interest in opening a group home.

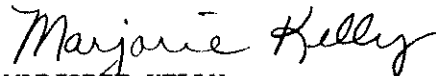
STATEWIDE IMPLEMENTATION

The Department is reviewing existing regulations and forms and developing plans to implement the LIC 9106 on a statewide basis. Existing providers that do not make changes to their plan of operation or submit a request for a rate change (either up or down) will be requested to complete the LIC 9106 in conjunction with the licensing annual visit. CCL will provide additional instructions and time frames in a letter to all licensed group homes.

If you have questions regarding the program statement and licensing, please contact Ms. Hettie Stevenson, Central Operations Branch, at (916) 323-5338 (CALNET 473-5338). If you have questions regarding the program statement and rate setting, please contact your Foster Care Rates Consultant at (916) 323-1263 (CALNET 473-1263). If you have general questions regarding the LIC 9106 or the LCA project, please contact Ms. Vicki Anthony, Family and Children's Services Policy Bureau at (916) 445-2871 (CALDEX 485-2871).



MARTHA LOPEZ
Deputy Director
Community Care Licensing Division



MARJORIE KELLY
Deputy Director
Children and Family Services Division

Enclosures

Questions and Answers

When the Group Home Program Statement and proposed processes were reviewed by social services placement workers, probation officers, providers and others, some questions were raised. Those questions and the answers are repeated here to help clarify how the LIC 9106 will be integrated into existing procedures within the Department and how things will work in general.

Question: The statement that the FCRB will use the information in the LIC 9106 when establishing the RCL for the group home program is unclear: How and why would the FCRB use the LIC 9106?

Answer: AFDC-FC Rate regulations require that a complete program statement must be submitted with an initial rate application or program change (MPP 11-402.411(a), 11-402.422(a), and 11-402.432(c)). The regulations indicate what must be included in the program statement until such time that a standardized program statement is implemented pursuant to WIC Section 11467(b). The LIC 9106 is the standardized program statement implemented pursuant to the WIC.

Question: A new or revised LIC 9106 is required whenever a new license and whenever a new or revised plan of operation is required. Does this mean that ALL group homes must prepare an LIC 9106 at annual license renewal time?

Answer: No. It has not been determined yet when all group home programs (those with no changes) will complete the LIC 9106. CCL will provide additional instructions and time frames in a letter to all licensed group homes.

Question: The county support letter is not required for CCL actions. Why is CCL given control over the whole process by being the clearing house for all rate applications?

Answer: CCL does not have control over the entire process. Since it is important that both CCL and FCRB receive the same LIC 9106, it is necessary for both copies to be submitted to CCL. As soon as CCL determines the plan of operation is OK, it will send a copy, including revisions, to the FCRB along with the county support letter. This will enable the FCRB to process the Rate application on a timely basis.

Question: Why must changes to the LIC 9106 be submitted to CCL? Many program changes do not require licensing's approval. Title 22 is silent on most items concerning enhancement of the program, for example, adding staff beyond minimum levels required.

Answer: Title 22, Section 80022(c) states "Any changes in the plan of operation which affect the services to clients shall be subject to licensing agency approval and shall be reported as specified in Section 80061."

Question: Given the proposed process, what is the exact nature of the decisions to be made by CCL? Is CCL now going to make rate decisions? Will providers need to negotiate rates with CCL? If not, why are providers being required to communicate with FCRB via CCL?

Answer: CCL will not be making rate decisions; providers will not be negotiating rates with CCL. CCL will continue to perform the same licensing functions it does now. Providers are not expected to communicate with FCRB via CCL. CCL will be the entry point for the LIC 9106; as stated previously, this will ensure that both CCL and the FCRB have the same information. The county support letter will let CCL know that the applicant has been in contact with the placing agency. The provider will continue to communicate directly with the FCRB regarding rate matters. The Group Home Provider Rate Application will continue to be submitted directly to the FCRB.

Question: There appears to be some duplication of information on the LIC 9106 and other license application forms. Will any CCL forms be eliminated or will the LIC 9106 simply add another set of documents?

Answer: CCL and the FCRB will be identifying forms that can either be eliminated, consolidated or revised to eliminate duplication with the LIC 9106.

Question: Will CCL license a facility if the applicant does not submit a county support letter with the application?

Answer: Yes. The county support letter is not a requirement for licensure; it is only a requirement for establishing an AFDC-FC rate (Rate Classification Level).

GROUP HOME PROGRAM STATEMENT GENERAL INSTRUCTIONS

Welfare and Institutions Code (W&IC) Section 11467(b) requires the standardized **Group Home Program Statement** for county placement, Community Care Licensing (CCL), and Aid to Families with Dependent Children-Foster Care (AFDC-FC) rate setting. A separate **Group Home Program Statement** must be completed for each distinct program operated by a provider.

A group home "program" is defined as a unique combination of services to a specific population of children in one or more licensed group home facilities (Manual of Policies and Procedures (MPP) Section 11-400(p)(6)(A)). AFDC-FC rates are established for group home programs organized and operated on a nonprofit basis by the California Department of Social Services (CDSS), Foster Care Rates Bureau.

CDSS, CCL licenses group home facilities. A separate license is required for each facility (location). A group home program may be provided in one or more licensed facilities but each facility must be licensed separately.

INITIAL GROUP HOME LICENSE APPLICANTS/INITIAL GROUP HOME PROGRAM STATEMENTS

A group home must be licensed and have an AFDC-FC rate established in order to accept placements from county social services or probation departments. These placements are funded by AFDC-FC. AFDC-FC rates are only established for group home programs that have the written support of the host county social services or probation department (MPP 11-406.12). The host county is the county in which the facility, or a majority of facilities, is located (MPP 11-400(h)(1)).

PROCESS FOR SUBMISSION OF INITIAL GROUP HOME PROGRAM STATEMENTS

- Complete the **Group Home Program Statement**.
- Submit one copy of the **Group Home Program Statement** to the host county (social services or probation department) and request a letter of support.
- The host county reviews the program as described in the **Group Home Program Statement** and may schedule an interview and/or site visit to determine if the group home program meets its needs.
- The host county must issue a letter of support before the next step is taken.
- Submit two copies of the **Group Home Program Statement** and the county letter of support to the CCL District Office. (The support letter is not a requirement for licensure.)
- The CCL District Office sends a copy of the **Group Home Program Statement** and the county letter of support to the Foster Care Rates Bureau.

REVISIONS TO GROUP HOME PROGRAM STATEMENTS

The group home must submit revisions to the **Group Home Program Statement** when any changes are made to the program that will affect the license and/or the AFDC-FC rate. It is only necessary to submit the documents/pages that are revised, including a new Part I and revised Table of Contents. It is not necessary to submit a complete new **Group Home Program Statement**.

Changes to the group home program that are more than one Rate Classification Level (RCL) greater than the original RCL determination, i.e., new programs or program changes, must be submitted to and supported by the host county (MPP 11-406.12).

All revisions to the **Group Home Program Statement** must be sent to the CCL District Office.

PROCESS FOR SUBMISSION OF REVISIONS

- Complete revisions to the **Group Home Program Statement**, including a new Part I and Table of Contents.
- Submit one copy of the revisions to the host county when the change will be more than one RCL greater than the original RCL determination.
- The host county reviews the revised program to determine if the group home program meets its needs.
- Submit two copies of the revisions, and the host county letter of support if needed, to the CCL District Office. (The support letter is not a requirement for licensure.)
- The CCL District Office sends a copy of the revisions and the host county letter of support to the Foster Care Rates Bureau.

FORMAT FOR SUBMITTING GROUP HOME PROGRAM STATEMENT

- Type or print clearly.
- Complete PART I PROGRAM IDENTIFICATION and PART II PROGRAM POPULATION, SERVICES AND CAPABILITIES.
- Prepare and compile the information and documentation required in PART III PROGRAM NARRATIVE.
- Use the Table of Contents page included in the forms packet as the Table of Contents for your **Group Home Program Statement**.
- Number tabbed dividers or sheets to correspond to the numbers in the Table of Contents column entitled "Section Numbers". Place all appropriate materials behind each tabbed divider.
- Place all materials, in the order shown, in a three ring binder or folder. Place the Table of Contents in the front.
- Keep a copy for your records.
- When submitting revisions:
 - Complete a new PART I PROGRAM IDENTIFICATION.
 - Complete a revised Table of Contents; enter the date of the revision(s) in the "Date Revised" column opposite the section being revised.
 - Clearly number and identify the revised material (or it will be returned to you).
 - Keep a copy for your records.

ABBREVIATIONS USED IN THE GROUP HOME PROGRAM STATEMENT

- CCL - Community Care Licensing
- CCR - California Code of Regulations (Licensing regulations are contained in Title 22, Division 6)
- CDSS - California Department of Social Services
- FCRB - Foster Care Rates Bureau, CDSS
- GC - Government Code
- H&SC - Health & Safety Code
- LIC - indicates Licensing forms
- MPP - Manual of Policies & Procedures (contains AFDC-FC rate setting regulations)
- SR - indicates AFDC-FC rate setting forms
- W&IC - Welfare & Institutions Code

GROUP HOME PROGRAM STATEMENT TABLE OF CONTENTS

NAME OF PROGRAM	RATE PROGRAM NUMBER	DATE
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(Use this sheet as the Table of Contents for your **Group Home Program Statement**. Number tabbed dividers to correspond to the numbers in the column titled "Section Number". Place appropriate material behind the tabbed divider. Place material, in the order shown, in a three-ring binder or folder. When submitting revised material, write the date of the revision in the column titled "Date Revised.")

	SECTION NUMBER	DATE REVISED
PART I: PROGRAM IDENTIFICATION	1	_____
PART II: PROGRAM POPULATION, SERVICES & CAPABILITIES	2	_____
PART III: PROGRAM NARRATIVE		
A. PROGRAM DESCRIPTION		
PURPOSE, METHODS, GOALS	3	_____
PLANNED ACTIVITIES/USE OF COMMUNITY RESOURCES	4	_____
SPECIAL SERVICES/PROGRAMS OFFERED	5	_____
MEDICAL/DENTAL	6	_____
TRANSPORTATION	7	_____
B. ADMISSION/ASSESSMENT/DISCHARGE POLICIES AND PROCEDURES		
ADMISSION/INTAKE	8	_____
NEEDS & SERVICES PLANS/ASSESSMENT	9	_____
DISCHARGE/REMOVAL	10	_____
VISITATION RULES & POLICY	11	_____
HOUSE RULES	12	_____
C. GENERAL POLICIES AFFECTING CHILDREN PLACED		
DISCIPLINE POLICIES	13	_____
CHILDREN'S COMPLAINT/GRIEVANCE PROCEDURES	14	_____
HANDLING OF CHILDREN'S FUNDS, ALLOWANCES, & SALARIES	15	_____
CHORES	16	_____
NUTRITION/SAMPLE MENU	17	_____
CLOTHING & INCIDENTALS	18	_____
D. STAFFING/ADMINISTRATIVE ORGANIZATION		
STAFF SCHEDULE (LIC 500 OPTIONAL)	19	_____
STAFF QUALIFICATIONS	20	_____
JOB DESCRIPTIONS	21	_____
INSERVICE TRAINING FOR STAFF	22	_____
ADMINISTRATION	23	_____
VOLUNTEERS	24	_____
CONTROL OF REAL PROPERTY	25	_____
FACILITY SKETCH (LIC 999 OPTIONAL)	26	_____
AFDC-FC WARRANTS	27	_____
E. COUNTY REQUIREMENTS (OPTIONAL)		
.....	28	_____
.....	29	_____
.....	30	_____

GROUP HOME PROGRAM STATEMENT**PART I. PROGRAM IDENTIFICATION (SECTION 1)**

APPLICANT/LICENSEE NAME:

PROGRAM NAME (IF ANY) OR NAME COMMONLY KNOWN AS:

APPLICANT/LICENSEE MAILING ADDRESS:

CONTACT PERSON'S NAME:

TITLE:

PHONE NUMBER:

DOES THIS AGENCY OPERATE ACTIVITIES OTHER THAN GROUP HOME PROGRAMS? ☐ YES ☐ NO IF YES, SPECIFY TYPE OF ACTIVITIES:

NONPROFIT CORPORATION?

☐ YES ☐ NO**REASON GROUP HOME PROGRAM STATEMENT SUBMITTED TO COMMUNITY CARE LICENSING (CCL) AND AFDC-FC RATES:**

(Check reason CCL requires the Program Statement in Column A. Check reason AFDC-FC Rates requires the Program Statement in Column B. One or more items in each column MUST be checked.)

**Column A
Community Care Licensing**

- ☐ Initial License Application
- ☐ New License Application-Change in Conditions
- ☐ Facility location change
 - ☐ Facility license category change to group home
 - ☐ Facility capacity change
 - ☐ Change in licensee
 - ☐ Permanent change in client from ambulatory to nonambulatory
 - ☐ Sale or transfer of majority of stock
 - ☐ Separation from parent company
 - ☐ Merger with another company

☐ No license change**Column B
AFDC-FC Rate Setting**

- ☐ New Provider (Initial rate)
- ☐ New Program
- ☐ Different type children accepted
 - ☐ Different staffing pattern
 - ☐ Different staff professional levels
- ☐ Program Change
- ☐ Change in number of beds
 - ☐ New license application required
 - ☐ Group Home program discontinued in favor of another

☐ No AFDC-FC rate requested

GROUP HOME RATE PROGRAM NUMBER:

PRESENT RCL:

PROPOSED RCL:

FACILITY LOCATION INFORMATION

(Name and address of each facility operating the group home program.)

NAME(S)	LICENSE NUMBER(S)	ADDRESS (STREET NAME/ #, CITY, ZIP)	LICENSED CAPACITY	REQUESTED CAPACITY
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

ATTACH ADDITIONAL SHEET IF NECESSARY

SIGNATURE OF AUTHORIZED PERSON:	TITLE:	DATE:
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COUNTY REVIEW

REVIEWED BY:	DATE:
TITLE:	COUNTY:

GROUP HOME PROGRAM STATEMENT

PART I. PROGRAM IDENTIFICATION INSTRUCTIONS

APPLICANT/LICENSEE NAME(S): Enter the name(s) of the nonprofit corporation or the name of the person(s) legally responsible for the group home program and facility(ies) which operate it. Enter the full name(s).

PROGRAM NAME/NAME COMMONLY KNOWN BY: Enter program name, if applicable, or any other name by which the organization is commonly known, including a dba name.

APPLICANT/LICENSEE MAILING ADDRESS: Enter the headquarters address (street number, city, state, zip code) of corporations; enter the address of individuals.

CONTACT PERSON'S NAME: Enter the name of the person to whom questions concerning the Group Home Program Statement should be addressed. Enter the contact person's title and daytime telephone number including area code.

OTHER AGENCY ACTIVITIES: Check the appropriate box. If YES, enter the types of activities. Examples of other activities are daycare, on-site school, Foster Family Agency, adult care, thrift shop, health care facility.

NONPROFIT CORPORATION: Enter YES if the organization is organized and operated on a nonprofit basis; enter NO if it is not.

REASON GROUP HOME PROGRAM STATEMENT SUBMITTED:

COLUMN A. COMMUNITY CARE LICENSING

INITIAL LICENSE APPLICATION: Check if the Applicant/Licensee is not currently licensed by Community Care Licensing to operate a community care facility.

NEW LICENSE APPLICATION-CHANGE IN CONDITIONS: Check if the Applicant/Licensee currently has a license to operate a community care facility but a new application is required due to a change in conditions or limitations described on the license. Check the type of change in conditions or limitations.

NO LICENSE CHANGE: Check if the Applicant/Licensee currently has a group home license and there are no changes in conditions or limitations that require submission of a new license application.

COLUMN B. AFDC-FC RATE SETTING

NEW PROVIDER (INITIAL RATE): Check if the Applicant/Licensee is a corporate entity organized and operated on a nonprofit basis that has not operated a group home which receives funding from Aid to Families with Dependent Children-Foster Care (AFDC-FC) or seriously emotionally disturbed (SED) in the preceding fiscal year.

NEW PROGRAM: Check if the Applicant's/Licensee has adopted a new program. Check the types of change that apply.

PROGRAM CHANGE: Check if the Applicant's/Licensee's program has changed. Check the reason(s) for the program change(s).

NO AFDC-FC RATE REQUESTED: Check if the Applicant/Licensee will not be accepting children placed by county social services or probation and funded by AFDC-FC, and is not requesting that an AFDC-FC rate be established.

GROUP HOME RATE PROGRAM NUMBER: For an annual or "program change" AFDC-FC rate application, enter the 8 digit number previously assigned by CDSS. For an initial application leave blank.

PRESENT RATE CLASSIFICATION LEVEL (RCL): Enter the 2 digit RCL previously assigned by CDSS. For an initial AFDC-FC rate application leave blank.

PROPOSED RCL: If a new program or program change will result in a change in the RCL, enter the 2 digit projected RCL. For an initial AFDC-FC rate application leave blank.

FACILITY LOCATION INFORMATION: Enter the facility name(s), license number(s), street number, city name, and zip code of each facility which will provide the group home program. Enter the licensed capacity of all licensed facilities. Enter the requested capacity if the facility has not been licensed.

SIGNATURE: Signature of chief executive officer or authorized representative (or applicant, if not a nonprofit corporation). Enter title of person who signed Group Home Program Statement and date signed.

REVIEWED BY: Signature of person authorized by the host (or primary placing) county to review Group Home Program Statements.

GROUP HOME PROGRAM STATEMENT

PART II. PROGRAM POPULATION, SERVICES & CAPABILITIES (SECTION 2)

A. SUMMARY

1. PROGRAM PROVIDES: (check one)
- | | |
|---|---|
| <input type="checkbox"/> Emergency shelter care | <input type="checkbox"/> Average length of stay less than 18 months |
| <input type="checkbox"/> Short term diagnostic care | <input type="checkbox"/> Average length of stay more than 18 months |
| <input type="checkbox"/> Other (explain) _____ | |
- CDSS
2. PROGRAM ACCEPTS: (check all that apply)
- | | |
|---|---|
| <input type="checkbox"/> Males <input type="checkbox"/> Females | Age Range(s): _____ |
| <input type="checkbox"/> Dependents (WIC 300) | <input type="checkbox"/> Special Education Pupils Requiring Out-of-Home Placement (GC 7572.5) |
| <input type="checkbox"/> Wards/Delinquents (WIC 602) | <input type="checkbox"/> Status Offenders (WIC 601) |
| <input type="checkbox"/> Children with Developmental Disabilities (Regional Center Clients) | <input type="checkbox"/> Private Placements |
| | <input type="checkbox"/> Other (explain) _____ |
- CDSS
3. TARGET POPULATION/TYPE OF CHILDREN/FAMILIES SERVED: (e.g., mothers/infants, substance abusers, gays/lesbians, ethnicity) _____
- CDSS
4. PROGRAM PROVIDES OR CAN ACCOMMODATE: (check all that apply)
(Describe in detail in Section 3 or 5)
- | | |
|---|---|
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Services to families |
| <input type="checkbox"/> Special education classes | <input type="checkbox"/> Sibling placements |
| <input type="checkbox"/> Vocational training | <input type="checkbox"/> Special ethnic/cultural services |
| <input type="checkbox"/> Emancipation/independent living | <input type="checkbox"/> Primary language other than English (including American Sign Language) |
| <input type="checkbox"/> Medical needs or conditions (other than mental health) | <input type="checkbox"/> Chronic runaways |
| <input type="checkbox"/> Follow-up services | |
| <input type="checkbox"/> Other (explain) _____ | |
| <input type="checkbox"/> Other (explain) _____ | |
- CDSS

B. CHILD CHARACTERISTICS AND BEHAVIORS

(Rank all of the characteristics or behaviors in this section using the following scale: 1 = program designed to treat; 2 = program will accept; 3 = program will NOT accept.)

- | | |
|--|--|
| <p>1. ABUSE/NEGLECT</p> <ul style="list-style-type: none">___ Physically abused___ Sexually abused___ Abandoned___ Emotionally abused___ Neglected___ Severely medically neglected___ Ritualistically abused <p>2. DELINQUENCY</p> <ul style="list-style-type: none">___ Offenses against persons___ Offenses against property___ Drug &/or alcohol related offenses___ Use of weapons___ Arson <p>3. DEVELOPMENTAL DISABILITIES</p> <ul style="list-style-type: none">___ Some deficits in self-help skills___ Severe deficits in self-help skills | <p>4. PHYSICAL/SENSORY/HEALTH CONDITIONS</p> <ul style="list-style-type: none">___ Asthma___ Epilepsy___ HIV/AIDS___ Allergies___ Diabetes___ Eating disorders___ Other chronic medical conditions (describe) ________ Blind/visual impairment___ Deaf/hearing impairment___ Developmentally disabled___ Require medication___ Require special diets___ Pregnant___ Physical limitations (ambulatory or nonambulatory) (describe) _____ |
|--|--|
- CDSS

B. CHILD CHARACTERISTICS AND BEHAVIORS (Continued)

(Rank all of the characteristics or behaviors in this section using the following scale: 1 = program designed to treat;
2 = program will accept; 3 = program will NOT accept.)

5. DRUG/ALCOHOL USE

- ☐ Drug use
- ☐ Previously treated for drug abuse
- ☐ Alcohol use
- ☐ Previously treated for alcohol abuse
- ☐ High risk/delinquent/anti-social activity when under influence of drugs/alcohol
- ☐ High risk/delinquent behavior to procure drugs/alcohol

6. SEXUAL ADJUSTMENT/FUNCTIONING

- ☐ Sexual victim
- ☐ Sexual perpetrator/exploits others
- ☐ Confusion with sexual identity
- ☐ Inappropriate sexual behavior

7. MENTAL HEALTH

- ☐ Requires psychotropic medication
- ☐ Previous psychiatric hospitalization
- ☐ Emotionally disturbed (DSM, current revision, diagnosis)

8. MENTAL HEALTH/EDUCATION

- ☐ Special education pupil, certified
- ☐ Seriously Emotionally Disturbed & requiring out-of-home placement

9. GANG INVOLVEMENT

- ☐ Gang member
- ☐ Associates with gang members

List gang affiliates program **will not** accept: _____

10. BEHAVIORS

- ☐ Acts disobediently at home
- ☐ Acts disobediently at school
- ☐ Demands attention
- ☐ Swears, uses obscene provocative language
- ☐ Does not bond with parental figures
- ☐ Does not get along with other children
- ☐ Does not accept authority
- ☐ Is manipulative of adults
- ☐ Gets into fights
- ☐ Is cruel or mean to others
- ☐ Acts impulsively without thinking
- ☐ Runs away from placement
- ☐ Has temper tantrums, is volatile
- ☐ Verbally threatens peers/adults
- ☐ Physically threatens peers/adults
- ☐ Physically assaults peers/adults
- ☐ Intentionally damages/destroys property
- ☐ Commits violence or harm toward self
- ☐ Acts depressed and/or withdrawn
- ☐ Exhibits frequent and/or persistent mood swings
- ☐ Talks about suicide (has plan and/or exhibits self-destructive behavior)
- ☐ Attempts suicide
- ☐ Hallucinates, has delusions or bizarre thoughts
- ☐ Sets fires
- ☐ Is cruel to animals
- ☐ Exhibits bizarre behavior
- ☐ Other (explain) _____
- ☐ Other (explain) _____
- ☐ Other (explain) _____

CDSS

11. List additional characteristics and/or behaviors the program **will not** accept:

a. _____ CDSS

b. _____ CDSS

C. STRUCTURE/SUPERVISION

1. CHILD CARE WORKER/CHILD RATIO: 6am-9am 9am-3pm 3pm-10pm 10pm-7am
Monday-Friday when school is in session 1: 1: 1: 1:
Saturday, Sunday, holidays, weekdays when children are not in school 7am-10pm 10pm-7am
1: 1:
2. CHILD CARE WORKERS HAVE (OR WILL HAVE) THE FOLLOWING EDUCATION AND EXPERIENCE: (check all that apply)
- | | |
|---|--|
| <input type="checkbox"/> HS equivalent | <input type="checkbox"/> Less than one year experience |
| <input type="checkbox"/> Some college, less than AA | <input type="checkbox"/> One to 3 years experience |
| <input type="checkbox"/> AA, less than BA/BS | <input type="checkbox"/> More than 3 years experience |
| <input type="checkbox"/> BA/BS and above | |
| <input type="checkbox"/> Other (explain) _____ | |
- CDSS
3. GROUP HOME PROGRAM PROVIDES: (check all that apply)
- | | |
|--|--|
| <input type="checkbox"/> Supervision by live-in houseparents | |
| <input type="checkbox"/> Awake night staff | |
| <input type="checkbox"/> Capability of one-to-one supervision at any time | |
| <input type="checkbox"/> Supervision at residence, school, in community (i.e., 24 hour) | |
| <input type="checkbox"/> Plan to manage assaultive behavior | |
| <input type="checkbox"/> Psychotropic medication management | |
| <input type="checkbox"/> School integrated with residential program | |
| <input type="checkbox"/> Nonpublic school or <input type="checkbox"/> Provided by school district | |
| <input type="checkbox"/> Other (explain) _____ | |
| <input type="checkbox"/> Other (explain) _____ | |
- CDSS
4. STRUCTURE/SUPERVISION MODEL(S) USED: (Check all that apply)
- | | |
|--|--|
| <input type="checkbox"/> Point system | <input type="checkbox"/> Other (explain) _____ |
| <input type="checkbox"/> Token economy | |
| <input type="checkbox"/> Level system | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Contracts | |
- CDSS

D. SOCIAL WORK SERVICES

1. AVERAGE NUMBER OF DIRECT SOCIAL WORK HOURS PROVIDED PER CHILD PER WEEK: _____
2. SOCIAL WORKER/CHILD RATIO: 1: _____
3. SOCIAL WORK SERVICES ARE PROVIDED BY: (check all that apply)
- | | |
|--|---|
| <input type="checkbox"/> Program employees | <input type="checkbox"/> Contract staff |
| <input type="checkbox"/> Other (explain) _____ | |
- CDSS
4. SOCIAL WORKERS HAVE (OR WILL HAVE) THE FOLLOWING EDUCATION/CREDENTIALS: (check all that apply)
- | | |
|--|------------------------------------|
| <input type="checkbox"/> BS/BSW | <input type="checkbox"/> MS |
| <input type="checkbox"/> MSW | <input type="checkbox"/> MFCC/LCSW |
| <input type="checkbox"/> Other (explain) _____ | |
- CDSS
5. SOCIAL WORK SERVICES PROVIDED TO CHILDREN IN THE GROUP HOME PROGRAM: (check all that apply)
- | | |
|--|---|
| <input type="checkbox"/> Intake study | <input type="checkbox"/> Individual counseling |
| <input type="checkbox"/> Development of needs & services plans | <input type="checkbox"/> Group counseling |
| <input type="checkbox"/> Assessments to identify changing needs of child | <input type="checkbox"/> Family counseling |
| <input type="checkbox"/> Six month updates to needs & services plans | <input type="checkbox"/> Development of discharge plans |
| <input type="checkbox"/> Aftercare | <input type="checkbox"/> Substance abuse counseling |
| <input type="checkbox"/> Other (explain) _____ | |
- CDSS

E. MENTAL HEALTH TREATMENT SERVICES

1. MENTAL HEALTH TREATMENT SERVICES ARE PROVIDED: (check one)
☐ Regularly ☐ Occasionally ☐ Crisis intervention only
☐ Not applicable (skip to item F.)
2. PERCENT OF CHILDREN WHO ARE EXPECTED TO BE RECEIVING ON-GOING MENTAL HEALTH TREATMENT SERVICES: _____%
3. AVERAGE NUMBER OF HOURS OF TREATMENT PROVIDED TO EACH CHILD RECEIVING MENTAL HEALTH TREATMENT SERVICES EACH WEEK: _____
4. RATIO OF LICENSED MENTAL HEALTH PROFESSIONAL STAFF TO CHILDREN: 1: _____
5. MENTAL HEALTH TREATMENT SERVICES ARE PROVIDED BY:
(check all that apply) (check if person is employed by program, on contract or a Medi-Cal provider)
- | | <u>Program employee</u> | <u>Contract</u> | <u>Medi-Cal provider</u> |
|---|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> LCSW | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> MFCC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> RN/Master's Degree | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
6. MENTAL HEALTH TREATMENT FUNDED BY: (check all that apply)
☐ Medi-Cal ☐ Short-Doyle ☐ Other
7. MENTAL HEALTH TREATMENT SERVICES PROVIDED TO CHILDREN IN THE GROUP HOME PROGRAM: (check all that apply)
- | | |
|---|---|
| <input type="checkbox"/> Psychiatric evaluation | <input type="checkbox"/> Psychotropic medication management |
| <input type="checkbox"/> Psychological testing | <input type="checkbox"/> Staff consultation with licensed mental health professional(s) |
| <input type="checkbox"/> Individual therapy | <input type="checkbox"/> Other therapeutic services required for child to benefit from program (describe) _____ |
| <input type="checkbox"/> Family therapy | |
| <input type="checkbox"/> Group therapy | |
| <input type="checkbox"/> Crisis intervention | |
| <input type="checkbox"/> Licensed day treatment on grounds | |
| <input type="checkbox"/> Licensed day treatment off grounds | |
- CDSS

F. ALCOHOL/DRUG TREATMENT SERVICES

1. ALCOHOL/DRUG TREATMENT SERVICES ARE PROVIDED: (check one)
☐ Regularly ☐ Occasionally ☐ Not applicable (skip to signature)
2. PERCENT OF CHILDREN RECEIVING ALCOHOL AND/OR DRUG TREATMENT SERVICES: _____%
3. ALCOHOL/DRUG TREATMENT SERVICES ARE PROVIDED BY: (check all that apply)
☐ Program employees ☐ Contract staff
☐ Other (explain) _____
- CDSS
4. PROGRAM CERTIFIED BY DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS: ☐ Yes ☐ No
5. ALCOHOL/DRUG TREATMENT OR REHABILITATIVE SERVICES PROVIDED TO CHILDREN IN GROUP HOME PROGRAM:
(check all that apply)
- | | |
|---|---|
| <input type="checkbox"/> Substance abuse counseling | <input type="checkbox"/> Alcohol/drug education |
| <input type="checkbox"/> 12 step program | |
| <input type="checkbox"/> Other (explain) _____ | |
- CDSS

SIGNATURE OF AUTHORIZED PERSON: _____

TITLE: _____

DATE: _____

CDSS USE ONLY:

KDE Date ____/____/____ Initials ____/____

GROUP HOME PROGRAM STATEMENT

PART III. PROGRAM NARRATIVE

(Provide the information requested below and place it behind the corresponding tabbed divider (see General Instructions). The section number corresponding to the Table of Contents is shown for each subject area.)

PROGRAM DESCRIPTION

PURPOSE, METHODS AND GOALS - SECTION 3

[Reference: CCR 80022(b)(1); MPP 11-402.356(a)]

1. Describe the PURPOSE, METHODS AND GOALS of the program.
Include:
 - What the program will provide for the children and how it will be accomplished;
 - How children will be assessed;
 - What type of treatment will be provided; and
 - How results or outcomes will be measured and how often.
2. If the program is certified by the Department of Alcohol and Drug Programs, attach a copy of the certification.

PLANNED ACTIVITIES/USE OF COMMUNITY RESOURCES - SECTION 4

[Reference: CCR 80022(b)(13), 84065(e), 84079]

1. Describe the program's planned SOCIAL and RECREATIONAL activities.
Include:
 - The plan for indoor and outdoor activities;
 - The plan for individual child activities and group interaction activities;
 - Which children are involved in the activities; and
 - A list of community resources used by the program (for example, YMCA, YWCA, libraries, parks, church groups).

If the facility capacity is 13 or more, identify the staff position responsible for planning, supervising and conducting activities.

2. Describe the program's planned educational activities and services.
[Reference: CCR 84079(a)(5), 84068.2]
Include:
 - Special education;
 - Use of public and/or private schools;
 - On grounds school; and
 - Tutoring, if applicable.
3. Provide a SAMPLE DAILY ACTIVITY SCHEDULE for one week, including weekends and holidays.

The schedule must include social, recreational and educational activities.

SPECIAL SERVICES/PROGRAMS OFFERED - SECTION 5

[Reference: MPP 11-402.356(f)]

1. Describe any special services or programs which will be offered.
2. If the program provides vocational training, describe:
 - The skills taught;
 - Goals of the training program;
 - Hands-on experience received;
 - Materials provided;
 - Number of hours per day/days per week training is provided; and
 - How training is funded.

MEDICAL/DENTAL - SECTION 6

1. Describe procedures used to provide routine medical and dental care, including procedures for handling and assisting children with self-administered medications. [Reference: CCR 80075(a)(1) - (2)]
2. Describe procedures used to identify and handle medical, dental and psychiatric emergencies. [Reference: CCR 80075(f)]
3. Identify staff position(s) responsible for dispensing and destroying medications. [Reference: CCR 80075(i)(1), 84075(b)]

PART III. PROGRAM NARRATIVE (Continued)

TRANSPORTATION - SECTION 7

1. Describe arrangements for transporting children to and from school, activities provided outside the facility(ies) (including attendance at religious services) and medical/dental appointments. [Reference: CCR 80022(b) (10)]
2. Specify how the program will ensure that vehicles used to transport children are maintained in safe operating condition. [Reference: CCR 80074]
3. Specify how the program will ensure that vehicle registration and insurance will be maintained.
4. Specify how the program will ensure that only appropriately licensed program staff and volunteers will transport children.

ADMISSION/ASSESSMENT/DISCHARGE POLICIES AND PROCEDURES

ADMISSION/INTAKE - SECTION 8

[Reference: CCR 80022(b)(2), 84068.1, 84068.2]

1. Describe the program's admission/intake procedures.
Include:
 - Criteria for evaluating appropriateness of referrals for placement;
 - Information required to assess referrals for placement;
 - Timeframe for responding to referring agencies regarding acceptance or rejection of referral;
 - Staff position responsible for intake; and
 - Procedures for accepting emergency placements on a time-limited and/or trial basis.

NEEDS AND SERVICES PLANS/ASSESSMENT - SECTION 9

[Reference: CCR 84022(b)(2)]

1. Describe procedures for developing a needs and services plan which addresses each child's needs and the services required to meet such needs.
2. Describe procedures for review and evaluation of the needs and services plan.
3. Describe procedures for implementing and modifying the needs and services plan.
4. Describe the policy regarding participation of the child and his/her authorized representative in developing, updating and modifying the needs and services plan.

DISCHARGE/REMOVAL - SECTION 10

[Reference: CCR 84068.2, 84068.4]

1. Describe procedures for planned discharge or removal.
Include time lines.
2. Describe procedures for emergency discharge or removal.
Include time lines.

VISITATION RULES AND POLICY - SECTION 11

[Reference: CCR 80068(b)(8), 84068.2(b)(6), 84072]

1. Describe the policy and rules regarding visitation.
Include:
 - When and under what circumstances children can be visited at the facility by family members, friends and others;
 - When and under what circumstances the child is permitted to have home visits with parents and/or relatives;
 - When and under what circumstances the child is permitted to have overnight visits with parents, relatives, family members and friends; and
 - When and under what circumstances other types of visits are or are not permitted.

PART III. PROGRAM NARRATIVE (Continued)

HOUSE RULES - SECTION 12

1. Describe the program's policy of allowing children to be unsupervised away from the facility, including issuing passes to children.
2. Specify other house rules.
Include:
 - Curfew hours on school nights, weekends and holidays;
 - Smoking;
 - Dating other children in placement;
 - Completing homework;
 - Cleaning bedrooms and other areas;
 - Use of entertainment equipment (the child's and the facility's);
 - Dress code;
 - Laundry;
 - General prohibited behaviors; and
 - Other (specify).

GENERAL POLICIES AFFECTING CHILDREN PLACED

DISCIPLINE POLICIES - SECTION 13

1. Describe the program's discipline policy. [Reference: CCR 80072(a)(3), (7) - (8), 84072, 84072.1]
Include:
 - Type(s) of discipline used;
 - Conditions under which each type of discipline will be used;
 - Types of discipline not permitted (corporal punishment and violation of personal rights);
 - Provisions for contact with parents and/or placement representatives (conferences).

NOTE: Prone containment and like techniques shall not be included as part of a program's discipline policy nor written into individual needs and services plans. Such techniques are not to be a planned step in modifying behavior. They are considered to be only last resort emergency physical control techniques designed to prevent injury to the assaultive child or others.

CHILDREN'S COMPLAINT/GRIEVANCE PROCEDURES - SECTION 14

1. Describe procedures by which children or their authorized representatives are informed of their rights and permitted to file complaints. [Reference: CCR 84072.2]
Include how children, their authorized representatives and staff receive copies of the written complaint/grievance procedures.

HANDLING CHILDREN'S FUNDS, ALLOWANCES, AND SALARIES - SECTION 15

1. Describe how the program accounts for and handles children's personal funds. [Reference: CCR 80022(b)(12), 80025, 80026, 84026]
2. Describe the procedure for issuing allowances, including the amount.

CHORES - SECTION 16

1. Describe any chores children are required to perform as part of their regular routine.

NUTRITION/SAMPLE MENU - SECTION 17

[Reference: CCR 80022(b)(9), 80076(a)(5) & (6)]

1. Provide a SAMPLE MENU which includes:
 - One week's worth of planned meals, including snacks from the four basic food groups;
 - Portion sizes; and
 - Times meals are served.
2. Describe any provisions available for children with special dietary needs.

PART III. PROGRAM NARRATIVE (Continued)

CLOTHING AND INCIDENTALS - SECTION 18

1. Describe how the program ensures that children have adequate clothing.
2. Describe how the program provides personal hygiene items (for example, shampoo and deodorant).

STAFFING/ADMINISTRATIVE ORGANIZATION

STAFF SCHEDULE - SECTION 19

1. Provide a staff work schedule for each facility site which includes names, classifications, days and hours worked. (You may use the LIC 500 Personnel Report.)
2. Specify the number of hours the program administrator will be at each facility each week.
3. Specify the number of facilities for which the administrator is responsible.

STAFF QUALIFICATIONS - SECTION 20

1. Provide copies of resumes or job applications for all child care workers, social work staff, mental health treatment workers, administrators and consultants. If employees have not started work, provide a letter of acceptance/commitment for the position.

JOB DESCRIPTIONS - SECTION 21

[Reference: MPP 11-402.356(e); CCR 80022(b)(5), 80066(a)(8)]

1. Provide JOB DESCRIPTIONS for each classification to be used by the program.

Each JOB DESCRIPTION must include:

- Duties and responsibilities;
- Minimum Qualifications, including special licenses or certificates required by the profession;
- Special skills needed to perform the job; and
- Lines of supervision.

INSERVICE TRAINING FOR STAFF - SECTION 22

[Reference: MPP 11-402.355; CCR 80022(b)(6), 80065(f), 84065(h)]

1. Describe the plan for providing inservice training and education for staff.
Include:
 - Which staff will receive training (new and existing);
 - Position or person who will do the training and his/her qualifications;
 - Approximate length of training;
 - Initial and ongoing curricula (topics must be pertinent to a licensed children's residential facility and the duties performed by the staff being trained); and
 - How special training needs are identified and met.

ADMINISTRATION - SECTION 23

[Reference: CCR 80022(b)(4), 80018(d)(2); MPP 402.356(c)]

1. Provide the following:
 - Names, addresses (business and residence) and telephone numbers of all corporate officers or partners, as appropriate*;
 - Names of all members of the Board of Directors*;
 - Names and positions of any paid staff who are board members or related to board members;
 - A current organizational chart which shows lines of administrative authority; and
 - Copies of the articles of incorporation and bylaws.

*You may use CCL form LIC 309 Administrative Organization.

PART III. PROGRAM NARRATIVE (Continued)

VOLUNTEERS - SECTION 24

[Reference: CCR 80065(c)]

1. Describe how volunteers are utilized, screened and trained.

CONTROL OF REAL PROPERTY - SECTION 25

[Reference: CCR 80018(d)(3)]

1. Provide the name(s) and address(es) of the property owner(s) for each group home facility.
2. Provide a copy of the Deed(s) or Property Tax Bill(s) as proof of property ownership.
3. If property is leased or rented, provide a copy of the lease(s) or rental agreement(s).

The agreement must not preclude the use of the property as a group home.

FACILITY SKETCH - SECTION 26

[Reference: CCR 80022(b)(7) and (8)]

1. Provide a sketch of the buildings and grounds for each facility. (You may use CCL form LIC 999 Facility Sketch.)
Include:
 - Dimensions of all rooms and their designated use;
 - The number of children per bedroom;
 - Bedrooms to be used by nonambulatory children; and
 - All indoor and outdoor space including driveways, fences, storage areas, gardens, recreation areas and other space used by the children.

AFDC-FC WARRANTS - SECTION 27

1. Provide the name and address of the individual to whom AFDC-FC warrants are to be mailed.

SO, YOU WANT TO OPEN A GROUP HOME FOR CHILDREN?
HERE IS SOME INFORMATION YOU NEED TO KNOW

WHAT IS A GROUP HOME?

A group home provides 24-hour nonmedical care and supervision to children in a structured environment. Services are provided, at least in part, by staff employed by the licensee. Group home operators are responsible for all aspects of the care and supervision for children entrusted to them.

Group homes are licensed by the California Department of Social Services (CDSS), Division of Community Care Licensing (CCL). CCL also monitors group homes by making unannounced visits.

WHO PLACES CHILDREN IN GROUP HOMES?

County social service and probation departments place the greatest numbers of children in group homes. County mental health and regional centers place children. Individuals or families may also place children (these are called private placements).

WHAT KIND OF CHILDREN ARE PLACED IN GROUP HOMES?

Children who are physically, sexually or emotionally abused, neglected, exploited or at risk of being abused, neglected or exploited. These children often have behavioral and/or emotional problems that prevent them from being cared for in a family environment. They are generally dependents of the Juvenile Court and placed by county social services.

Children who are juvenile offenders. These children are generally wards of the Juvenile Court and placed by county probation.

Children who are developmentally disabled. These children are generally placed by regional centers.

Children who are Seriously Emotionally Disturbed (SED) and require out-of-home placement to benefit from an educational program. These children are generally placed by county mental health.

If you wish to operate a group home, you should think about the type of children you want to serve. You are strongly encouraged to talk to people at county social services or probation (or other agencies that place children) to get an idea of the services and programs needed by the children.

WHO PAYS FOR CHILDREN PLACED IN GROUP HOMES?

Children placed by county social services or probation are generally eligible for Aid to Families with Dependent Children-Foster Care (AFDC-FC) funding. AFDC-FC is a combination of state/county or federal/state/county dollars.

o Before AFDC-FC can be paid on behalf of a child placed in a group home, four conditions must be met:

1. **The group home program must have the written support of the host county.** The host county is the county in which the facility is, or will be, located.
2. **The facility must be licensed by CCL.**

3. The group home must be organized and operated on a nonprofit basis (verified by a federal IRS tax exemption letter or a copy of the articles of incorporation filed with the California Secretary of State).
4. The group home "program" must have an AFDC-FC rate established by the CDSS, Foster Care Rates Bureau. A group home "program" is a unique combination of services to a specific population of children in one or more licensed group home facilities.

Children placed by regional centers are paid by the regional center (individual children may also be AFDC-FC eligible).

Children placed by other agencies may have other funding sources.

WHAT SHOULD I DO NOW?

- o Contact county social services, probation or mental health to find out the kinds of programs and services they need. Or contact other agencies that place children.
- o Contact the CCL District Office that serves the geographic area in which the group home will be located. (Check your local telephone directory for the address and telephone number of the CCL District Office serving your area.)

You will be scheduled to attend an Orientation meeting. At the Orientation, you will receive a License Application packet, which includes the Group Home Program Statement, and information about the licensing process. You will also receive information about obtaining an AFDC-FC rate from the Foster Care Rates Bureau.

- o To obtain the support of the host county for your program, submit one copy of the Group Home Program Statement to the county (the social services or probation department).

The host county will review the Group Home Program Statement to determine if the program meets its needs. The county may also schedule an interview and/or site visit.

If the host county needs your program, it will give you a letter of support.

- o Submit the License Application forms, including two copies of the Group Home Program Statement, and the county letter of support to the CCL District Office.
- o Submit the Group Home Program Rate Application forms to the CDSS, Foster Care Rates Bureau, 744 P Street, M.S. 19-74, Sacramento, CA 95814.

The Foster Care Rates Bureau will obtain a copy of your Group Home Program Statement and the county letter of support from the CCL District Office.

(NOTE: If you will only be serving regional center children, you only need to submit the Group Home Program Rate Application (SR1), a copy of the license and verification of status as a nonprofit organization. This enables the Foster Care Rates Bureau to assign a Rate Program Number so the county can process AFDC-FC payments for eligible children.)

For additional information, please contact the CCL District Office or the CDSS, Foster Care Rates Bureau at (916) 323-1263.